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PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

PC25144A

First Inventor

Sacha Ninkovic

Title

TRICYCLIC COMPOUNDS PROTEIN KINASE INHIBITORS FOR ENHANCING THE EFFICACY OF ANTI-NEOPLASTIC AGENTS AND RADIATION THERAPY

Express Mail Label No.

EV 3410 79860 US

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 346] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Copy (CRF)	
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets 1]	b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper 	
5. <input type="checkbox"/> Oath or Declaration [Total pages 1]	c. <input type="checkbox"/> Statement verifying identity of above copies	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
		11. <input type="checkbox"/> English Translation Document (if applicable)
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
		13. <input type="checkbox"/> Preliminary Amendment
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
		17. <input type="checkbox"/> Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	28940	<input type="checkbox"/> Correspondence address below
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Name	Pfizer, Inc.				
Address	10777 Science Center Drive				
City	San Diego	State	California	Zip Code	92121
Country	United States of America	Telephone	858.638.6117	Fax	858.678.8233
NAME (Print/type)	Elsa Dijardi, Ph. D.		Registration No. (Attorney/Agent)	45,963	
Signature	<i>Elsa Dijardi</i>		Date	01-09-2004	

This collection of information is required by 37 CFR 1.53(d). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment** **\$ 995.00****METHOD OF PAYMENT (check all that apply)**
 Check Credit Card Money Other None
Order
 Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE****Larg Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filng fee	
Subtotal (1)s				\$ 770	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	45	- 20** = 25	x 9 = 225
Independent Claims	1	- 3 = 0	x 0 = 0
Multiple Dependent			0 = 0

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue independent claims over original patent
(\$)		225.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Printed/Type)	Elsa Dijardi, Ph. D.	Registration No.	45,963	Telephone	858.638.6117
Signature	<i>Elsa Dijardi</i>			01-09-2004	

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option2.

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on this 9th day of January 2004.

s/ Pamela Hollander
Pamela Hollander, M.A.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:
Sacha NINKOVIC, et al.

Group Art Unit: To be Assigned

Serial No.: To be Assigned

Examiner: To be Assigned

Filed: Herewith

For: TRICYCLIC COMPOUNDS PROTEIN
KINASE INHIBITORS FOR ENHANCING THE
EFFICACY OF ANTI-NEOPLASTIC AGENTS
AND RADIATION THERAPY

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TRANSMITTAL LETTER

Transmitted herewith are the following documents:

1.	Return Receipt Postcard	1 postcard;
2.	Application Data Sheet	3 pages;
3.	Utility Patent Application Transmittal	1 page;
4.	Specification	332 pages;
5.	Claims	13 pages;
6.	Abstract	1 page; and
7.	Fee Transmittal (Deposit Account)	1 page (+ duplicate).

Respectfully submitted,

Elsa Djuardi

Elsa Djuardi, Ph. D.
Attorney For Applicants
Registration No. 45,963

Date: January 9, 2004

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